

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1					51						
102		1					52						
103		1					53						
104	1						54						
105	1						55						
106		1					56						
107		1					57						
108		1					58						
109		1					59						
110		1					60						
111	1						61						
112		1					62						
113		1					63						
114		1					64						
115		1					65						
116		1					66						
117		1					67						
118		1					68						
119		1					69						
120		1					70						
121		1					71						
122		1					72						
123		1					73						
124		1					74						
125		1					75						
126		1					76						
127		1					77						
128		1					78						
129		1					79						
130		1					80						
131		1					81						
132							82						
133							83						
134							84						
135							85						
136							86						
137							87						
138							88						
139							89						
140							90						
141							91						
142							92						
143							93						
144							94						
145							95						
146							96						
147							97						
148							98						
149							99						
150							200						
TOTAL IND.		1					TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			/		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51				1		
2		1					52				1		
3		1					53				1		
4		1					54				1		
5		1					55				1		
6		1					56				1		
7		1					57				1		
8		1					58				1		
9	1						59				1		
10		1					60				1		
11		1					61				1		
12		1					62				1		
13		1					63				1		
14		1					64				1		
15		1					65				1		
16		1					66				1		
17		1					67				1		
18		1					68				1		
19		1					69				1		
20	1						70				1		
21		1					71				1		
22		1					72				1		
23		1					73				1		
24		1					74				1		
25		1					75				1		
26		1					76				1		
27		1					77				1		
28		1					78				1		
29		1					79				1		
30		1					80				1		
31		1					81				1		
32		1					82				1		
33		1					83				1		
34		1					84				1		
35		1					85				1		
36	1						86				1		
37		1					87				1		
38		1					88			1			
39		1					89				1		
40		1					90				1		
41		1					91				1		
42		1					92				1		
43		1					93				1		
44		1					94				1		
45		1					95				1		
46		1					96				1		
47		1					97				1		
48		1					98				1		
49		1					99				1		
50		1					100				1		
TOTAL IND.	4		9				TOTAL IND.						
TOTAL DEP.	51		82				TOTAL DEP.						
TOTAL CLAIMS	55		91				TOTAL CLAIMS						